



UNITED STATES DEPARTMENT OF STATE

**PASSPORT AMENDMENT/VALIDATION APPLICATION**

(SEE INSTRUCTIONS ON REVERSE)

TYPE OR PRINT IN INK IN WHITE AREAS ONLY

**IDENTIFYING INFORMATION**

NAME

FIRST NAME

MIDDLE NAME

LAST NAME

**MAILING ADDRESS**

STREET

CITY, STATE

ZIP CODE

IN CARE OF

HOME PHONE

(Area Code)

BUSINESS PHONE

(Area Code)

SEX

PLACE OF BIRTH

DATE OF BIRTH

DEPARTURE DATE

☐ Male  
☐ Female

City, State or Province, Country

Month Day Year

PASSPORT NUMBER

ISSUE DATE

PLACE OF ISSUE

DOCUMENT CODE

A

(For Official Use Only)

Month

Day

Year

PERMANENT ADDRESS (Street, City, State, ZIP Code)

**NAME CHANGE** (Submit original or certified document)

CHANGE NAME TO READ AS FOLLOWS:

NAME CURRENTLY IN PASSPORT

DATE OF MARRIAGE

SPOUSE'S NAME IN FULL

NAME CHANGED BY MARRIAGE

☐ ☐ ☐  
 Month Day Year
NAME CHANGED  
BY COURT ORDER

NAME OF COURT

LOCATION (City, State)

DATE

☐ ☐ ☐  
 Month Day Year

OTHER (Specify)

**OTHER ACTION REQUESTED**

**OATH AND SIGNATURE** I have not since acquiring United States citizenship, performed any of the acts listed under "Acts or Conditions" on this application form (unless explanatory statement is attached). I solemnly swear (or affirm) that the statements made on this application are true.

**FOR PASSPORT SERVICES USE ONLY**

Date

Signature of Applicant

- |   |  |
|---|--|
| <input type="checkbox"/> Evidence       | <input type="checkbox"/> Extend to _____               |
| <input type="checkbox"/> Name Change    | <input type="checkbox"/> Endorsement No. _____         |
| <input type="checkbox"/> Add Visa Pages | <input type="checkbox"/> Limit to _____                |
| <input type="checkbox"/> Rewrite        | <input type="checkbox"/> Void limitation on page _____ |
| <input type="checkbox"/> Other _____    |  |

Examiner's Name

Office, Date